

10/14/03 NEW  
04-19201

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: DASTON INC -  
BUSINESS STREET ADDRESS: 4810 SW 57 TERRACE ZIP 33314  
BUSINESS MAILING ADDRESS: PO BOX 290191 DAVIE ZIP 33328  
BUSINESS PHONE: 954 205 9075  
DESCRIBE TYPE OF BUSINESS: IMPORT / EXPORT? TOYS  
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>STEPHANE CAIVETU</u>	<u>4810 SW 57 TERRACE</u>	<u>DAVIE FL 33314</u>	<u>954 205 9075</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number: \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 04, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

STEPHANE CAIVETU 10/15/2003  
PRESIDENT  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>10/16/03</u>	Category <u>10150</u>	Fee Exempt per Sec. 13-13 <input type="checkbox"/>	Fee <u>115.76</u>	Rec# _____	New <input type="checkbox"/>	Trans <input checked="" type="checkbox"/>
License # <u>04-19201</u>	Control # <u>15615</u>	Zoning <u>A-1</u>				
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval <u>Pat</u>	Date <u>10/22/03</u>				
Town Council Date _____	Approved _____	Denied _____				
Tabled To _____	Approved _____	Denied _____	<u>LOCHER 30910</u>			
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____						

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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